

Evaluating and Enhancing the Reach and Dissemination of Health Promotion Interventions: The Behavior Change Consortium (BCC)

Representativeness and Translation Work Group of the BCC (Russell E. Glasgow and Lisa M. Klesges, Coordinators)

Background: Despite considerable advances and increasing evidence supporting health behavior interventions, few programs have been adopted in non-research settings. Major reasons for the lack of dissemination are concern about the ability to generalize from non-representative efficacy studies, barriers to adoption under constraints of limited time and resources, and difficulties with consistency of implementation. The Behavior Change Consortium (BCC), a collaboration among 15 NIH funded grants investigating methods to improve multiple health risk behaviors including smoking, sedentary lifestyle, and poor dietary practices, presents a unique opportunity to investigate and enhance the translation of behavior change research into “real world” community settings.

Project Description: We will use the RE-AIM framework, (Glasgow, Vogt, et al, 1999) designed to evaluate the public health impact of interventions, to systematically address reach and translation issues. We propose a two-part project that will integrate this evaluation model with the “push-pull-capacity” model of Orleans, Gruman and Anderson (1999). The first phase, to be completed over two years and for which we are requesting funding now, will include conducting literature reviews; development of surveys on reach and translation issues; evaluation of the reach of the BCC interventions; and conducting a survey followed by a “dissemination panel” meeting of stake holders representative of those likely to adopt behavioral interventions. The second phase (funding not requested at this time) will take an additional two to three years and will evaluate the longer-term adoption, implementation and maintenance of the BCC interventions.

The first phase will involve 1) comprehensive evidence-based literature reviews on a) the reach (recruitment methods, participation rate and representativeness of participants), b) the adoption (prevalence and representativeness of setting such as health clinics, worksites, schools that adopt proven research programs), and c) the maintenance (among participating settings and organizations once funding has terminated) of health promotion interventions. These literature reviews will be expanded to also include market demand and organizational capacity factors related to each dimension. 2) Development and administration of a BCC consortium-wide questionnaire that will assess the reach and representativeness of participants in all 15 BCC projects. 3) We will also conduct a survey, followed by a meeting of spokespersons from the settings in which these interventions will hopefully be adopted (e.g., medical offices, worksites, schools) to assess the intervention characteristics that such stake holders give greatest weight when considering behavioral interventions. 4) The final component of Phase 1 will involve the systematic use of an expert scientific advisory panel to work with us on a) the complex methodological issues involved in determining the overall public health impact of interventions, b) development of a set of recommendations for the types of research that are needed to facilitate translation of research into practice, and c) a joint meeting with the dissemination panel of stake holders above to review and discuss final recommendations and versions of the instruments.

This project will result in the following products:

1. Evidence-based literature reviews that summarize the state of the science on the RE-AIM dissemination-related issues of a) reach, b) adoption, and c) organizational maintenance for health-related behavior change interventions and conclude with recommendations for translating research into practice. (Push, informed by capacity, and pull aspects of the reviews)
2. A data-based report of the reach and representativeness of the BCC projects along with recommendations for standard procedures for future research to employ to maximize generalization and to report on these important issues. (Push and Capacity)
3. A revised methodological framework based on the literature reviews and analyses of empirical findings regarding reach from the BCC projects. This report will contain a checklist, similar to the CONSORT criteria for medical trials, but focused on translation issues to help researchers include design elements that will enhance the relevance and transfer of their findings to practice. (Both Push and Pull)
4. A Report summarizing the survey results and the conclusions of the “dissemination panel” of end users regarding what information is most critical to them in considering adoption of behavior change interventions. (Pull and Capacity)
5. A set of recommendations for NIH and other funders regarding the specific types of research studies that should be funded to enhance dissemination and adoption of behavior change research. (Push)

The later, second phase, will build upon these products and will include more detailed assessment of organization and setting level “pull” and “capacity” factors related to adoption, implementation and maintenance. This phase will involve BCC-wide assessment of implementation and plans for maintenance once the studies have been completed and research funds terminated. A subset of BCC projects having efficacious outcomes and that are interested in promoting dissemination of their interventions will be intensively studied to test strategies for successful adoption in new settings. This will include testing of the use of a decision making tool for organizations considering adopting a health promotion program that will help them select a program that best fits their needs and setting.

Conclusion: This collaborative proposal will facilitate the translation of successful behavior change programs into practice and enhance the external validity, “real-world applicability” and sustainability of behavioral interventions. We will accomplish these goals through working collaboratively with funders and researchers to enhance the relevance of behavior change research, and with potential program adoptees in thoroughly considering the implications and likely impact of programs they choose. Through coordination of efforts across the BCC projects, we will be able to investigate issues not otherwise possible as single project investigations. Possibly most important, we will create evidence-based guidelines and decision aids for both researchers and decision makers in a variety of settings to help in selection of interventions and modalities most likely to make and sustain a community-level, public health impact.

Budget and Timeline: Phase 1

The budget will be administered by Dr. Glasgow at the AMC Cancer Research Center to facilitate efficient coordination of the project, with subcontracts and service arrangements with other BCC investigators and advisory groups.

The first phase will last two years, requiring total costs of \$140,000. The majority of costs will be for:

- performance of comprehensive evidence-based literature reviews on reach, adoption, and maintenance (\$25,000);
- new cross-BCC data collection and analyses, meetings and conference calls among project members (\$20,000);
- a survey to assess the priorities and barriers associated with adoption of behavior change programs by organizations that are potential adoptees of the BCC interventions (\$15,000);
- the “dissemination panel” meeting of potential program adopters and related report (\$25,000);
- preparation, piloting and refinement of the tools and checklists described above (\$10,000);
- ongoing interaction and meeting with the national scientific advisory board (\$20,000) and a separate combined meeting and preparation of funding recommendations (\$25,000).

During the 01 year, the literature reviews will be conducted, and the survey of potential program adoptees conducted, the national scientific advisory board assembled, and an initial meeting of this group held. During 02 year, the data collection from BCC projects, analyses of these data, and preparation of a report on these findings will be completed. Also in this year, we will conduct the dissemination panel meeting, prepare the checklists and tools described, and conduct the additional joint meeting of the dissemination panel and scientific advisory board to formulate recommendations to funders.